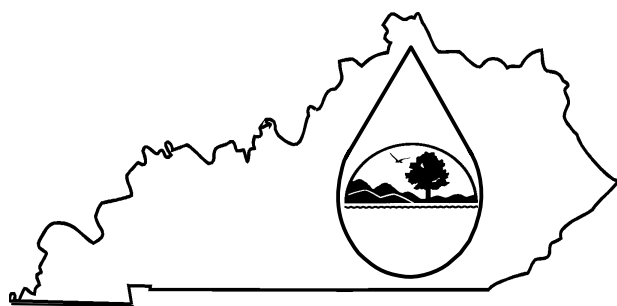


US EPA ARCHIVE DOCUMENT

# KPDES FORM 1

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

**For additional information contact:**

**Surface Water Permits Branch (502) 564-3410**

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE						
A. Name of Business, Municipality, Company, Etc. Requesting Permit CLINTWOOD ELKHORN MINING COMPANY								
B. Facility Name and Location				C. Primary Mailing Address (all facility correspondence will be sent to this address). <b>Include owner's mailing address (if different) in D.</b>				
Facility Location Name: CLINTWOOD ELKHORN MINING COMPANY				Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> DEAN CHILDRESS				
Facility Location Address (i.e. street, road, etc., <b>not P.O. Box</b> ): ROUTE 194				Mailing Address: 23956 STATE HIGHWAY 194 EAST				
Facility Location City, State, Zip Code: PHYLLIS, KY 41524				Mailing City, State, Zip Code: FEDSCREEK, KY 41524				
D. Owner's name (if not the same as in part A and C):				Facility Contact Telephone Number: 606-835-4006				
Owner's Mailing Address:				Owner's Telephone Number (if different):				

### II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Coal cleaning, washing, and handling including loadout to railroad. Immediate access roads, coal refuse piles, coal storage piles and facilities.

#### B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	1221-Coal Preparation Plant and Associated Areas		
Other SIC Codes:			

### III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: Pike	City where facility is located (if applicable): Phyllis
C. Body of water receiving discharge: Island Creek and Levisa Fork	
D. Facility Site Latitude (degrees, minutes, seconds): 37°26'47"	Facility Site Longitude (degrees, minutes, seconds): 82°17'40"
E. Method used to obtain latitude & longitude (see instructions): Lick Creek Quad Map	

**IV. OWNER/OPERATOR INFORMATION****A. Type of Ownership:**
☒ Publicly Owned   ☐ Privately Owned   ☐ State Owned   ☐ Both Public and Private Owned   ☐ Federally owned
**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

N/A

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Yes ☒   No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐   No ☐

Certification Class:

Certification Number:

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

KY0092509

Issue Date of Current Permit:

9/1/06

Expiration Date of Current Permit:

8/31/11

Other DOW Operational Permit #:

Kentucky DMR Permit Number(s):

Sludge Disposal Permit Number:

Other Existing Environmental Permit #:

Other Existing Environmental Permit #:

898-0435, 898-8116, 898-9107, 898-7077, 898-4274 and 898-5542

Other Existing Environmental Permit #:

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/A	

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Dean Childress

DMR Official Telephone Number:

606-835-4006

**B. DMR Mailing Address:**

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

Clintwood Elkhorn Mining Company

DMR Mailing Address:

23956 State Highway 194 East

DMR Mailing City, State, Zip Code:

Feds Creek, KY 41524

## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed in "Form 1 Instructions" and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. For permit renewals, please include the KPDES permit number on the check to ensure proper crediting. Please see the separate document "General Instructions" for an expanded description of the base fee amounts.

Facility Fee Category:

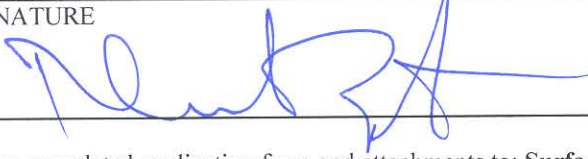
Minor Industry

Filing Fee Enclosed:

\$900.00

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	PHONE NUMBER: 606-835-4006
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Robert J. Zik, Vice-President	
SIGNATURE 	DATE: 2/14/11

Return completed application form and attachments to: **Surface Water Permits Branch, Division of Water, 200 Fair Oaks Lane, Frankfort, KY 40601. Direct questions to: Surface Water Permits Branch at (502) 564-3410.**